

VI. STATE FORMS

## OKLAHOMA CORPORATION COMMISSION

OIL AND GAS CONSERVATION DIVISION - UIC DEPT.  
 Jim Thorpe Building - Oklahoma City, Oklahoma 73105

## SEMI-ANNUAL REPORT OF ENHANCED RECOVERY INJECTION PROJECT

(Rule 3-306a, 3-306b, 3-306c)

For the Period of January thru June, 19\_\_ or July thru December, 19\_\_

Operator		OTC No.	Address		ZIP
Purchaser		OTC No.	Address		ZIP
Pool Name and Formation		Pool Number	County or Counties	Developed Acreage	
Classification of Injection Project		Name of Injection Project		Number of Commission Order Authorizing Project	
1. WATER INJECTION DATA					
Total net active water inj. wells beginning of month	Net active water inj. wells added or subtracted during month + -	Total net active water inj. wells end of month	Total water inj. during month	Total water inj. to date	
2. GAS INJECTION DATA					
Total net active gas inj. wells beginning of month	Net active gas inj. wells added or subtracted during month + -	Total net active gas inj. wells end of month	Total gas inj. during month	Total gas inj. to date	
3. LPG INJECTION DATA					
Total net active LPG inj. wells beginning of month	Net active LPG inj. wells added or subtracted during month + -	Total net active LPG inj. wells end of month	Total LPG inj. during month	Total LPG inj. to date	
4. PRODUCTION DATA					
Total oil wells beginning month	Oil wells added or subtracted during month + -	Total oil wells end of month	Total oil and/or condensate run during month	Total oil and/or condensate run since project started	
Total gas producing wells beginning of month	Gas producing wells added or subtracted during month + -	Total gas producing wells end of month	Total gas run during month	Total gas run since project started	
5. INJECTION VOLUMES (Reservoir Barrels)					
			Current month	Since project started	
Water (surface bbls = reservoir bbls.)					
LPG (Surface bbls = reservoir bbls.)			Indicate type of LPG Butane, Propane or other		
Gas $\left( \frac{\text{Standard CF} \times \text{volume factor } v, \text{ where } v = \frac{Z (\text{compressibility factor}) \times P_r (\text{reservoir pressure, psia}) \times 530 (\text{absolute equivalent at } 60^\circ \text{ F})}{5.618 \text{ cf/bbl} \times P_r (\text{reservoir pressure, psia}) \times 530 (\text{absolute equivalent at } 60^\circ \text{ F})} \right)$					
TOTAL FLUIDS INJECTED (in reservoir bbls.)					
6. PRODUCED VOLUMES (Reservoir Barrels)					
OIL (Stock tank bbls. X formation volume factor <sup>a</sup> )					
FREE GAS $\left( \frac{\text{Total gas produced in standard cubic feet less solution gas produced (Stock tank bbls. oil produced} \times \text{solution gas oil ratio)} \times \text{volume factor } v \text{ calculated for produced gas}}{\right)$					
WATER (Surface bbls. = reservoir bbls.)					
TOTAL PRODUCED VOLUMES (in reservoir barrels)					
NET INJECTED (or produced) VOLUMES					
For water floods in all reservoirs, use 1 as formation volume factor, above.			Average reservoir pressure this month	psia	

Date \_\_\_\_\_

Signature of Operator \_\_\_\_\_



NORTH

36	31	32	33	34	35	36	31
6	5	4	3	2			6
12	7	8	9	10	11	12	7
13	18	17	16	15	14	13	18
24	19	20	21	22	23	24	19
25	30	29	28	27	26	25	30
36	31	32	33	34	35	36	31
6	5	4	3	2			6

SOUTH

Township \_\_\_\_\_ Range \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS:**

1. Each operator of an injection project shall furnish information on this form, in duplicate, not later than the 20th day of the month following the month reported. The Conservation Division will forward an approved copy to the purchaser.
2. Jointly operated projects, when contiguous, may be considered as one unit & reported as such.

3. Report all volumes of oil, LPG and water in barrels and all volumes of gas in standard MCF (corrected to 14.65 psia and 60°F).
4.  $P_b = 14.4$  psia.
5. Give information applicable to project.
6. Outline project on Plot (reverse side) for initial report only and thereafter only when changes occur.



OKLAHOMA CORPORATION COMMISSION  
OIL AND GAS CONSERVATION DIVISION — UIC DEPT.  
Jim Thorpe Building  
Oklahoma City, Oklahoma 73105

ANNUAL FLUID INJECTION REPORT

January 1, through December 31, 19\_\_\_\_

Rule 3-306d, 3-306e, 3-306h

(See Reverse Side for Definition and Instructions)

OPERATOR\_\_\_\_\_ADDRESS\_\_\_\_\_Zip\_\_\_\_\_OTC NO\_\_\_\_\_

1. PURPOSE OF FLUID INJECTION (Check Appropriate Box)

Enhanced Recovery ☐

Disposal ☐

Complete Appropriate Section Below (2 or 3)

2. ENHANCED RECOVERY (Project Basis)

A. Location: Sec.\_\_\_\_\_Twp.\_\_\_\_\_Rng.\_\_\_\_\_County\_\_\_\_\_ (Approx. Center of Project)

B. Pool Name: \_\_\_\_\_ Formation\_\_\_\_\_ Depth\_\_\_\_\_

C. Authorized by Corporation Commission Order No.\_\_\_\_\_ Date\_\_\_\_\_

D. Nature of Inj. Fluid: Gas ☐ L.P.G. ☐ Salt Water ☐ Brackish Water ☐ Fresh Water ☐

E. Daily Avg. Inj.  
(Bbls. or MCF)

F. Avg. Well Head  
Inj. Press.

G.d If all or part of Inj. Fluid is Fresh Water show source:

Well ☐ Depth\_\_\_\_\_Feet Pond ☐ Stream ☐

Other\_\_\_\_\_Location: Sec.\_\_\_\_\_Twp.\_\_\_\_\_Rng.\_\_\_\_\_

DISPOSAL (Individual Well)

A. Location: ¼\_\_\_\_\_Sec.\_\_\_\_\_Twp.\_\_\_\_\_Rng.\_\_\_\_\_County\_\_\_\_\_

B. Formation\_\_\_\_\_Depth\_\_\_\_\_

C. Authorized by Corporation Commission Order No.\_\_\_\_\_ Date\_\_\_\_\_

D. Avg. Daily Disposal Volume\_\_\_\_\_Avg. Daily Well Head Press.\_\_\_\_\_PSIG

E. Quality (If available attach copy of Chemical Analysis)

Disposal Water ☐ Formation Water (Prior to Disposal) ☐

F. Annulus Pressures between: Tubing & Long String\_\_\_\_\_PSI

, Long String & Surface Casing\_\_\_\_\_PSI

G. Packer Setting Depth\_\_\_\_\_Feet

H. Inspected By:\_\_\_\_\_Date\_\_\_\_\_

4. Describe any well testing or well repair performed during the time period: .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Verification of Information on this Page:

I certify that to the best of my knowledge and belief the facts contained herein are true and correct.

By \_\_\_\_\_ Title \_\_\_\_\_



# 7. Summary of Monthly Casing Annulus Monitoring

	1	2	3	4	5	6
Well Name						
Location						
January Press.						
Feb. Press						
March Press.						
April Press.						
May Press.						
June Press.						
July Press.						
August Press.						
Sept. Press.						
Oct. Press.						
Nov. Press.						
Dec. Press.						

	7	8	9	10	11	12
Well Name						
Location						
January Press.						
Feb. Press.						
March Press.						
April Press.						
May Press.						
June Press.						
July Press.						
August Press.						
Sept. Press.						
Oct. Press.						
Nov. Press.						
Dec. Press.						

# 8. Verification of Information on this Page

I certify that to the best of my knowledge and belief the facts contained herein are true and correct

By \_\_\_\_\_ Title \_\_\_\_\_

# INSTRUCTIONS:

1. File additional second pages if well count exceeds twelve.
2. File one copy for each enhanced recovery project or disposal well by April 1st of each year for previous years activity.
3. Fresh water is defined as water containing less than 10,000 mg/l TDS or less than 5,000 PPM chlorides.
4. Attach additional sheets if necessary to describe well work as required in Rule 2.206(h).



**OKLAHOMA CORPORATION COMMISSION**  
**OIL AND GAS CONSERVATION DIVISION — UIC DEPT.**  
Jim Thorpe Building — Oklahoma City, Oklahoma 73105  
(Rule 3-304)

IN THE MATTER OF THE APPLICATION OF

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
ZIP \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_  
FOR ADMINISTRATIVE APPROVAL TO DISPOSE OR  
INJECT FLUID INTO THE \_\_\_\_\_ WELL  
SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RANGE \_\_\_\_\_  
\_\_\_\_\_ COUNTY, OKLAHOMA

CAUSE P.D. NO. \_\_\_\_\_

ENHANCED RECOVERY INJ. WELL	<input type="checkbox"/>
DISPOSAL WELL	<input type="checkbox"/>

**APPLICATION**

Comes now the applicant and shows the Corporation Commission the following:

1. That O.C.C. Rule 3-304 authorizes administrative approval of enhanced recovery injection or disposal operations.
2. That the applicant submits the following information.

Lease Name	Well No.	Field	County
Location of Enhanced Recovery Injection or Disposal Well _____ Sec. _____ Twp. _____ Rge. _____			
New Well To Be Drilled YES <input type="checkbox"/> NO <input type="checkbox"/>	Old Well To Be Converted YES <input type="checkbox"/> NO <input type="checkbox"/>	Casing Test (Rule 3-305) YES <input type="checkbox"/> NO <input type="checkbox"/> DATE _____	
Depth-Base Lowest Known Fresh Water Within 1/4 Mile _____	Does Injection Zone Contain Oil-Gas-Fresh Water Within 1/4 Mile YES <input type="checkbox"/> No <input type="checkbox"/>		State What _____
Location of Injection Source(s)		Geologic Name(s) and Depth of Source(s)	
Geologic Name of Injection Zone		Depth of Injection Interval _____ To _____	
a. Top of the Perforated Interval:	b. Base of Fresh Water:	c. Intervening Thickness (a minus b)	
Is the intervening thickness sufficient to show fresh water will be protected without additional data? See Rule 3-304(4)iii YES NO			
Lithology of Intervening Zones			
Injection Rates and Pressures Maximum _____ B/D _____ PSI			
The Names and Addresses of Those To Whom Copies of This Application and Attachments Have Been Sent			

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) Applicant

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly  
authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

SEAL

My Commission expires \_\_\_\_\_ Notary Public in and for \_\_\_\_\_

(OVER)



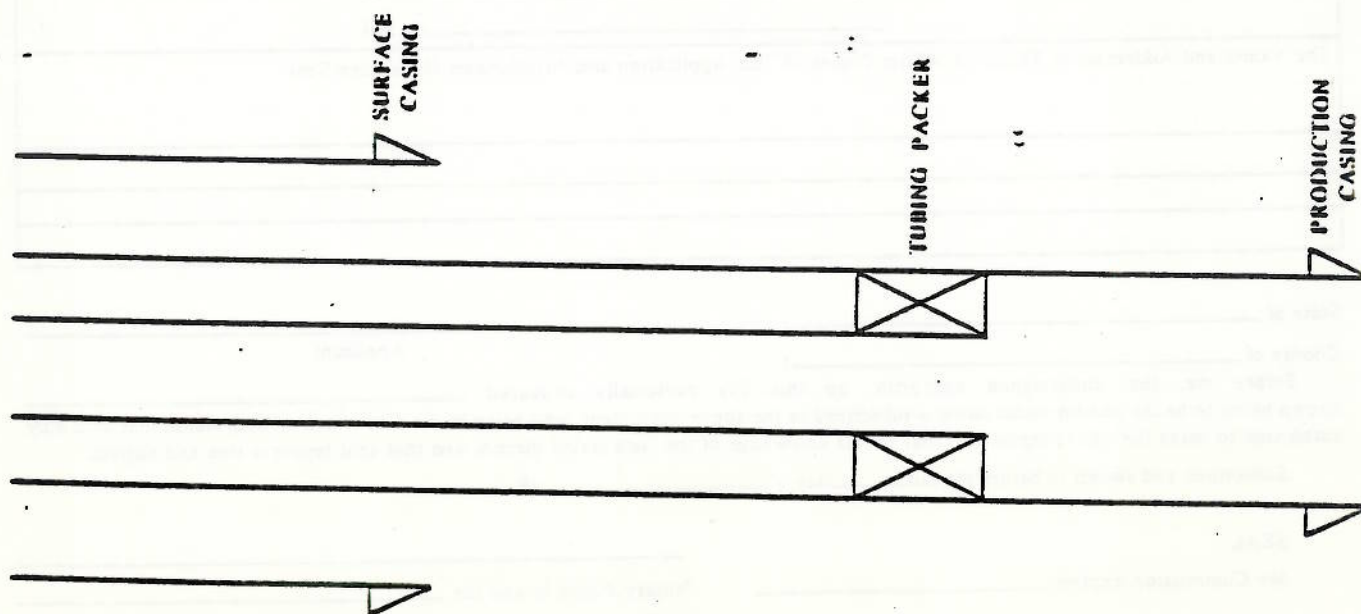
## INSTRUCTIONS

1. Attach qualitative and quantitative analysis of fresh water from 2 or more producing wells within 1 mile of injection well showing location of wells and date samples were taken, or statement as to why samples were not submitted.
2. Attach qualitative and quantitative analysis of representative sample of water to be injected.
3. Attach plat showing subject well and all known oil and gas wells, abandoned, drilling and dry holes within  $\frac{1}{2}$  mile, together and with name of operator.
4. Attach Drillers Log (Form 1002A). (Appropriate Surety must be on file with Conservation Division.)
5. Attach Electric or Radioactivity Log of Subject well (if released).
6. Attach schematic drawing of subsurface facilities including: Size, setting depth, amount of cement used measured or calculated tops of cement of surface, intermediate (if any) and production casings; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone showing top and bottom of injection interval.
7. The original and 6 copies of application, and one complete set of attachments shall be mailed to the Corporation Commission.
8. Deliver 1 copy of application to landowner on whose land injection well is located and to each operator of a producing leasehold within  $\frac{1}{2}$  mile of injection well.
9. Affidavit of mailing or delivery shall be filed not later than five days after the application is filed.
10. Notice that an application has been filed shall be published by the applicant in a newspaper of general circulation in the county in which the well is located. The applicant shall file proof of publication before the application is approved. The notice shall include name and address of applicant, location of proposed injection or disposal well, injection zone, injection pressure and volume. If no written objection is received within 15 days from date of publication the application will be approved administratively.
11. A well shall not be used for injection or disposal unless completed machine accounting Form 1012A is filed April 1 each year.
12. Approval of this application, if granted, is valid only as long as there is no substantial change in the operations set forth in the application. A substantial operation change requires the approval of a new application.
13. If there is less intervening thickness required by Rule 3-304(4)i or ii, attach sworn evidence and data.

## CASING AND TUBING DATA

NAME OF STRING	SIZE	SETTING DEPTH	SACKS CEMENT	TOP OF CEMENT	TOP DETERMINED BY
Surface					
Intermediate					
Production					
Tubing			Name—Type—Depth of Tubing Packer		
Total Depth	Geologic Name — Inj. Zone		Depth — Top of Inj. Interval		Depth Base of Inj. Interval

SKETCH — SUB-SURFACE FACILITY



**OKLAHOMA CORPORATION COMMISSION**  
**OIL AND GAS CONSERVATION DIVISION — UIC DEPT.**  
Jim Thorpe Building — Oklahoma City, Oklahoma 73105  
(Rule 3-302)

**INVENTORY OF AUTHORIZED EXISTING ENHANCED RECOVERY WELLS**

NAME OF WELL	STATUS*	LOCATION OF WELL	AUTHORIZING OCC ORDER NO.	DATE OF ORDER	MAX. AUTH. INJECTION RATE (BPD)	MAX. AUTH. INJECTION PRESS. (PSI)	OCC ORDER NOS. GRANTING EXCEPTIONS

Operator: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

\*TA = Temp. Aband.  
SI = Shut In  
Op = Operating

\_\_\_\_\_  
Signature of Duly Authorized Representative

\_\_\_\_\_  
Date





**OKLAHOMA CORPORATION COMMISSION**  
**OIL AND GAS CONSERVATION DIVISION — UIC DEPT.**  
Jim Thorpe Building — Oklahoma City, Oklahoma 73105  
(Rule 3-306)

**NOTICE OF (COMMENCEMENT) (TERMINATION) OF INJECTION**

(Circle appropriate heading)

Check Appropriate Classification:

Date of Commencement/Termination \_\_\_\_\_

Disposal Well ☐

Enhanced Recovery Injection Well ☐

Enhanced Recovery Project ☐

Well Name \_\_\_\_\_

Location: Section \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_, County \_\_\_\_\_

Order No. authorizing Injection \_\_\_\_\_ Date \_\_\_\_\_

Zone into Which Fluid Injected \_\_\_\_\_

If this is a Notice of Termination of injection, please indicate date well commenced injection \_\_\_\_\_

If this is a Notice of Termination of injection, please indicate if well is to be plugged or returned to production; if returned to production, indicate producing interval \_\_\_\_\_

Operator \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTION:** If this is notification of an enhanced recovery project injection termination, it must be accompanied by an individual well status report for all project injection wells.



OKLAHOMA CORPORATION COMMISSION  
OIL AND GAS CONSERVATION DIVISION — UIC DEPT.  
Jim Thorpe Building — Oklahoma City, Oklahoma 73105  
(Rule 3-309)

NOTICE OF TRANSFER OF OWNERSHIP

Classification of Well Transferred:      Disposal Well ☐      Enhanced Recovery Injection Well ☐

Name of Present Operator \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Well Being Transferred:

Name: \_\_\_\_\_

Location: Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rng. \_\_\_\_\_ County \_\_\_\_\_

Order No. Authorizing Injection \_\_\_\_\_ Date \_\_\_\_\_

Zone Injected Into: \_\_\_\_\_

Effective Date of Transfer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of New Operator \_\_\_\_\_

Address \_\_\_\_\_

Are you in compliance with Rule 3-201? \_\_\_\_\_

Signature of New Operator \_\_\_\_\_

Date \_\_\_\_\_

FOR COMMISSION USE ONLY

It is acknowledged by the Oklahoma Corporation Commission that \_\_\_\_\_  
is the new operator of the above-named well and may:

1. continue to inject fluids as authorized by Order No. \_\_\_\_\_
2. not inject fluids until after Notice, Hearing, and Approval by the Commission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE TYPE OR USE BLACK INK ONLY

(To be filed within 30 days after drilling is completed)

Form 1002A  
Rev 1979**OKLAHOMA CORPORATION COMMISSION**

OIL AND GAS CONSERVATION DIVISION

Jim Thorpe Building / Oklahoma City, Oklahoma 73105

OTC COUNTY  
LEASE NO.

API NO

COUNTY \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_

COMPANY OPERATING \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FARM NAME \_\_\_\_\_ WELL NO \_\_\_\_\_

DRILLING STARTED \_\_\_\_\_ 19 \_\_\_\_\_ DRILLING FINISHED \_\_\_\_\_ 19 \_\_\_\_\_

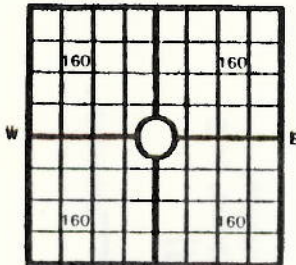
DATE OF FIRST PRODUCTION \_\_\_\_\_ COMPLETED \_\_\_\_\_

WELL LOCATED \_\_\_\_\_ 's \_\_\_\_\_ 's \_\_\_\_\_ 's

\_\_\_\_\_ FT. FROM SL OF 1/4 SEC. &amp; \_\_\_\_\_ FT. FROM WL OF 1/4 SEC.

ELEVATION \_\_\_\_\_ DERRICK FLOOR \_\_\_\_\_ GROUND \_\_\_\_\_

640 Acres

LOCATE WELL CORRECTLY  
AND OUTLINE LEASE**TYPE COMPLETION**

Single Zone \_\_\_\_\_ Order No. \_\_\_\_\_

Multiple Zone \_\_\_\_\_ Order No. \_\_\_\_\_

Commingled \_\_\_\_\_ Order No. \_\_\_\_\_

**LOCATION EXCEPTION** \_\_\_\_\_ Order No. \_\_\_\_\_ Penalty \_\_\_\_\_**OIL OR GAS ZONES**

Name	From	To	Name	From	To

**CASING & CEMENT**

Casing Set				Csg Test	Cement		
Size	Wgt	Grade	Feet	Psi	Sax	Fillup	Top

TOTAL DEPTH \_\_\_\_\_

**PACKERS SET**

Depth \_\_\_\_\_

Make \_\_\_\_\_

**COMPLETION & TEST DATA BY PRODUCING FORMATION**

	1	2	3
FORMATION			
SPACING & SPACING ORDER NO.			
CLASSIFICATION (Oil: Gas; Dry; Inj. Well)			
PERFORATED			
INTERVALS			
ACIDIZED?			
FRACTURE TREATED?			

**INITIAL TEST DATA**

Date \_\_\_\_\_

Oil-bbl./day \_\_\_\_\_

Oil Gravity \_\_\_\_\_

Gas-Cu. Ft./day \_\_\_\_\_

Gas-Oil Ratio Cu. Ft./Bbl. \_\_\_\_\_

Water-Bbl./day \_\_\_\_\_

Pumping or flowing \_\_\_\_\_

CHOKE SIZE \_\_\_\_\_

FLOW TUBING PRESSURE \_\_\_\_\_

A record of the formations drilled through, and pertinent remarks are presented on the reverse.

(OVER)

I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office and the best of my knowledge and belief.

Telephone \_\_\_\_\_ Name and title of representative of company \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

My commission expires \_\_\_\_\_



FARM NAME

WELL NO

PLEASE TYPE OR USE BLACK INK ONLY

## (RULE 3-205) FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

[illegible]

REMARKS:

[illegible]